Health Regulation & Licens	ino Administration			T. A.	PRINTED: 07/19/20 FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A BUILDING	ECONSTRUCTION	Rece, 3/18	(X3) DATE SURVEY COMPLETED
	CPA-003	B WING			07/03/2018
IAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		0110012010
UTHERAN SOCIAL SERVICE	ES OF NGA. INC.	ORGIA AVENU GTON, DC 200			
(X4) ID SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID		PLAN OF CORRECTION	1
PREFIX (EACH DEFICIENC) TAG REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORREC CROSS-REFEREN	TIVE ACTION SHOULD ICED TO THE APPROPR EFICIENCY)	BE COMPLETE
S 000 Initial Comments		S 000			
06/21/18 and 07/03 based on interview records, which inclu foster families, 19 a employees, one SW members.	contractor, and 13 board				
Listed below are abl throughout the body	oreviations that appear of this report:				
AP - Adoptive Paren BOD - Board of Dire CPA - Child Placing / CPR - Child Protect DFS - Director of Fal ED - Executive Direc	ctors Agency ion Report mily Services ttor				
FBI - Federal Bureal FC - Foster Child HS - Home Study					
PM - Program Manac PPD - Purified Protei SW - Social Worker	ger n Derivative	1			
011 1602.5 BOARD OF D	RECTORS	S 011			
Members of the Board as determined by lette background investigat	d shall be of good character ers of reference and criminal tions.				
Based on record revie failed to provide evide	not met as evidenced by: w and interview, the CPA nce that letters of reference five of 13 BOD members	1	(
(BOD #2, #4, #5, #6 at evidence of the compli- criminal background co ofthe BOD for five of 1 (BOD #2, #5, #6, #11 at	nd #13) and failed to have eted comprehension hecks for each meenber 3 current BOD members and #13).	N	ext page		
egulation & Licensing Administrat	ion BUTPLIER REPRESENTATIVE'S SIGNAT	UDE			
hill NT	O SIGNAT		TITLE	O A :- +	(X6) DATE
X V		VIOTE	termin & Progra	n Vevelapon of	8171201

If continuation street 1 or 7

*Trithicly
Submitted on
7 | 2018

Health	Regulation & Licens	ing Administration			FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING.		(X3) DATE SURVEY COMPLETED
		CPA-003	B WING		07/02/2040
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS CIT	Y, STATE, ZIP CODE	07/03/2018
	AN SOCIAL SERVIC		EORGIA AVE		
LOTTICK	AR SOCIAL SERVIC	LO OI NOA. INC	IGTON, DC		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETE
S 011	Continued From pa	ge 1	S 011		
i de	11:30 AM, personner all BOD members of Review of personner #6, and #13 personner beginning at 1:21 Platters of reference with the BOD members and #13 on 06/21/18 evidence that criminal from the FBI, CPR, of the completed by the transfer of reference as a part BOD members #2, #1 at the time of the surrovide evidence that learances and letter in the BOD members #2, #1 at the time of the surrovide evidence that learances and letter.	I records for BOD #2, #4, #5, nel records on 06/21/18 If revealed no evidence that were available to determine ers were of good character. I records BOD #2, #5, #6, #11 I at 1:21 PM revealed no all background clearance or a local jurisdiction had the CPA. When interviewed confirmed that there were no		1602.5 – The HR Department will obtain a Letter of Reference at the time in which the Candidate accepts the nomination and submits a resume. Prior to taking their seat on the Board and attending their first Board Meeting, LSS will obtain all comprehensive criminal background clearances. The HR Department will send out notifications to Board Members twice a year, pending expiration of clearances, in order to ensure comprehensive criminal background clearances remain current and filed for all Board Members.	8/27/2018
S 096 16	611.1(d) Personnel I	Records	S 096		
(d	i) Annual performan oth the employee an	ce evaluations signed by d supervisor;		N	
Ba fai ind	ased on interview an iled to ensure that e cluded a signed ann employee files revi	not met as evidenced by: d record review, the CPA ach employee's record ual evaluation for two of the ewed (Employee #1 and		Nextpage	

	ealth Regulation & Licensing Administration ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:		E CONSTRUCTION ((X3) DATE SURVEY	
ND FLAI	D PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING		1	COMPLETED	
		CPA-003	B WING		07/03/2018
AME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE	
ITHER	AN SOCIAL SERVICE	4400 00	ORGIA AVENI		
	AN SOCIAL SERVICE	S OF NCA, INC. WASHIN	IGTON, DC 20	0011	
X4) ID REFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET
S 096	Continued From pag	ge 2	S 096		
i 3 105 ·	Findings included: Review of the person 11:15 AM revealed in and Employee #2 ha evaluations as part of Interview with the DF is confirmed that both not have a completed personnel files. At the time of the sur	nnel files on 06/21/18 at to evidence that Employee #1 ad annual performance of their personnel files. FS at approximately 1:30 PM h Employee #1 and #2 did d annual evaluations in their evey, the CPA failed to ensure is contained a completed and mance evaluation.		1611.1(d) – Each employee will receive an initial 6-month Performance Review, and subsequent Annual Performance Reviews. The HR Department will continue to initiate the agency Annual Performance Review period in October. Hiring Managers will receive notifications of when reviews are due, and when a copy has not been submitted to HR. The HR Department will conduct monthly audits to identify files without reviews. Adoption/Foster Care Hiring Managers will submit all outstanding reviews by 8/27/2018.	8/27/20:
E find ref (I F C pode E th th	Based on record reviewabled to ensure that elescription was included ecords for one of the Employee #8). Indings included: In 06/21/18 at 1:21 Personnel records review escription. At 2:00 Phermologies #8's personat there was not a sign personnel file.	M, review of Employee #8's		1611.1(m) – An Employee will physically receive a copy of their Job Description at the time of their offer in order to review. During the Employee's first two-weeks of work, the Supervisor will review the Job Description with the Employee and secure the Employee's signature. The HR Department will conduct quarterly file audits to ensure the completed Job Description is in the file.	8/27/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED	
	CPA-003	B WING		07/03/2018	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, I	STATE, ZIP CODE	7770012010	
LUTHERAN SOCIAL SERVICE	O OI MOA, MC	ORGIA AVEN			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D.BF COMPLETE	
report on the applica conditions including	ns And Qualifications gency shall require a written int's mental and physical addictions which could applicant's capacity to work	S 109	1612.2 – The HR Department will provide Employees a 90-day notice of physical expiration in order to allow for the timely submission of updated results. The HR Department will conduct	8/27/2018	
failed to ensure that e record included a writ	not met as evidenced by: ew and interview, the CPA each employee's personnel tten report on his or her condition for one of 12 hple (Employee #12).		quarterly file audits to ensure that each Employee has a current medical report.		
PM revealed that Emp included evidence of a up exam on 06/11/18. indicated results of fin examination. Further r administered on 07/02	eview revealed a PPD was				
be read on 07/05/18.	ey, the CPA failed to ensure				
6 295 1625.1(a) Adoption Re	cords	S 295			
(a) The application with	photograph;	1			
This CONDITION is no Based on record review failed to ensure that ear included a photograph of	v and interview, the CPA		Nextpage		

	Regulation & Licensin	ig Administration			i orawina i nov
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED
L		CPA-003	B WING_		07/03/2018
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY	, STATE, ZIP CODE	1 01703/2016
LUTKE	RAN SOCIAL SERVICE	S OF NCA, INC 4406 GE	ORGIA AVE	NUE NW	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICE OF THE	DBE COMPLETE
S 295	Continued From pag	ge 4	S 295		
	parent(s) for seven of reviewed (APs #1, #	of 19 parent adoptive records 2, #3, #4, #5, #7 and #12).		1625.1(a) – The Adoption Program Manager will audit all	8/27/2018
	Findings included:			records and ensure that a family photo is in each record. The	
	parents #1, #2, #3, # 07/03/18 beginning a evidence of photogra During an interview of PM for the Adoptions the applications for A	s maintained for adoptive 4, #5, #7 and #12 on it 11:26 AM revealed no iphs with the applications. in 07/03/18 at 3:45 PM, the Program acknowledged that Ps #1, #2, #3, #4, #5, #7 ain a photograph of the		Adoption Department staff will obtain photographs of each prospective adoptive parent(s) prior to the finalization of the home study. The Adoption Program Manager will conduct quarterly file audits to ensure that each file has a photograph of the prospective adoptive parent(s).	
- 9	At the time of the sun that each file maintair photograph of the pro	vey, the CPA failed to ensure ned for applicants included a spective parent(s).			
S 344	1628.14(b) Social Ser Placing	vices Related To Child	S 344		
f () o p n c o o n S a (1	ollowing: 1) Full name; (2) Add of birth parents; (3) Ra olace of birth; (5) Nationedical history of past of physician's report, illne eports, and dental rechildren, siblings, gran thers of birth parents; umber, if available; (1) evelopmental history; umber; (13) Daily sch chool records; (15) Da oddress and names of 6) Documents pertain	esses, immunization fords; (8) Full names of dparents and significant (9) Social security 0) Birth history; (11)		Next page	

Health Regulation & Licensing Administration STATE FORM

Health	Regulation & Licens	ing Administration			FORM APPROV
STATEME AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		CPA-003	B WING		07/03/2018
AME OF	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	STATE ZIP CODE	0770372010
UTHER	AN SOCIAL SERVICI		ORGIA AVENL		
OTTIE			GTON, DC 20		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
S 344	Continued From pa	ige 5	S 344		
	an assessment of r	circumstances leading to the	4	1628,14(b) - The Social Worker	
	case plan for the ch	nild and maintain progress	4	will submit the Social Security	8/27/2018
	reports	and mainteni progress	1	Card application for the	
	W 995			respective youth within the first	
	This CONDITION I	s not met as evidenced by:		30-days of admission, when	
	Based on interview	and record review, the CPA	F	appropriate. The Social Worker	
	failed to ensure that	each child's record included		will document efforts to obtain	
	a social security nur	mber for one of the four FC		the youth's Social Security Card in the youth's file. The Clinical	
	FC (FC #4).	certificate for one of the four	i	Supervisor will conduct monthly	
	r C (FC #4).			file audits to ensure that each	
	Findings included:		3	file has a Social Security Card,	
	mango moladed,		1	when appropriate.	
	1. The CPA failed to	ensure that each FC's			
1	ecord included a so	cial security number for one	1	The Social Worker will document	
(of the four FC (FC #:	3).		in the respective youth's file the	
	_		1	rationale for the youth not	
(On 06/21/18 at 12:25	PM, review of FC #3's	l.	having a birth certificate, when	
,	ecord revealed no e	vidence of a social security	į.	necessary. The Clinical	
	ard. Further review	of the record revealed that		Supervisor will conduct monthly	
1	1/4/14 and opplied t	or a social security card on		file audits to ensure that each youth has either a birth	
	vidence that a coole	however there was no I security card or number		certificate or notification	
h	ad been obtained from	om the social security office.	1	indicating the rationale for not	
	ar soon obtained in	on the social security office.		having a birth certificate.	
A	t the time of the sun	vey, there was no evidence	I	o was on section care.	
th	nat FC #3 had social	security card in the record.	į		
2.	The CPR failed to	ensure the each FC's			
re	cord included a birth	certificate for one of the	1		
fo	ur FC (FC #4).	The state of the s			l
0	n 06/21/18 at 12:40	PM, review of FC #4's			3
re	cord revealed no ev	idence of a birth certificate	1		
In	terview with the DFS	at 1:00 PM confirmed that			
FC	C #4's record did not	contain a birth certificate.			1
At	the time of the survi	ey, the CPA failed to ensure	ĺ		1
tha	at FC #4's record inc	cluded a copy of his or her	1		1
bir	th certificate.				

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Health Regulation & Licensii	ng Administration			PRINTED: 07/19/2 FORM APPROV
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPL A BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CPA-003	B. WING		1
NAME OF PROVIDER OR SUPPLIER				07/03/2018
l'	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	
LUTHERAN SOCIAL SERVICES	WASHING	ORGIA AVENU GTON, DC 200	E NW	
(X4) ID SUMMARY STAT PREFIX (EACH DEFICIENCY)	EMENT OF DEFINITION	ID 200		
TAG REGULATORY OR LSG	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	LIOUIS DO (AD)
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